PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correct maintenance fee notifica	ed below or directed other	nerwise in Block 1, by (a								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
57299	7590 06/28	/2007	1	iave i				mission		
Kathy Manke Avago Technolo 4380 Ziegler Ro	• .	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
Fort Collins, CC	80525								(Depositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	TOR A		ATTORNEY DOCKET NO.		CONFIR	CONFIRMATION NO.	
10/667,019			Michael W. Vice				10030017	9142		
•	I: COUPLED-INDUCTA	NCE DIFFERENTIAL	AMPLIFIER							
APPLN. ŢYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	JE .	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	I	DATE DUE	
nonprovisional	МО	\$1400	\$300	•	\$0		\$1700	(09/28/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS							
NGUYEN, KHANH V		2817	330-253000							
1. Change of correspond CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-(Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Com GNEE 10GICS WI refe	A TO BE PRINTED ON The iffied below, no assignee pletion of this form is NO SSIP (SIMCLE).	data will appear on the T a substitute for filing (B) RESIDENCE: (C) AC)	e pat an as ITY a	ent. If an assigne ssignment. and STATE OR Co	OUNTR SU	r) Igapore			
Please effect the appropri	Trace assignee category of									
4a. The following fee(s) Issue Fee Publication Fee (N	A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).									
	itus (from status indicate as SMALL ENTITY state		b. Applicant is no	longe	er claiming SMAL	L ENTI	TY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee an	nd Publication Fee (if req	uired) will not be accepte tes Patent and Trademark	d from anyone other th							
Authorized Signature					Date 0-10	L-0-1	7			
Typed or printed nam	eitel	Registration No. 54534								
an application. Confiden	diality is governed by 35 d application form to the ions for reducing this buttering in 22313-1450. DO	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	depending upon the in	ndivi fficer	dual case. Any con	mments Tradema	on the amount of ti	me you re	quire to complete f Commerce, P.O.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.